

City Occupational Tax Notification

TO: ABC Personnel Payroll Clerk Date: _____

Employee Name: _____ SSN: _____

Division: _____ Work City: _____, AL

Percent of Work Time Within the City: _____ % From: _____ To: _____

This is to certify that the employee identified above will work within the above indicated city during the stated time period. By working within the city, it is understood that the employee will pay the current city occupational tax during this period.

If conditions arise that the employee does not work the stated time within the city, the employee will request from the city identified above a refund in the amount of the overstated tax.

Immediate Supervisor's Signature

Employee's Signature